

10/09/01

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3853 U.S. PTOType a plus sign (+) inside this box. → ☒

PTO/SB/05 (2/98)

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

Attorney Docket No.

NIAD-201.3 DIV

First Inventor or Application Identifier

JACOBSON et al.

Title

GENES ENCODING SEVERAL POLY (ADP-RIBOSE) GLYCOHYDROLASE (PARG) ENZYMES, THE PROTEINS...

Express Mail Label No.

EL649538437US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 202311. ☒ \*Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)2. ☒ Specification  
(preferred arrangement set forth below)

Total Pages

69

- Descriptive title of the Invention

- Cross References to Related Applications

- Reference of Microfiche Appendix

- Background of the Invention

- Brief Summary of the Invention

- Brief Description of the Drawings (if filed)

- Detailed Description

- Claim(s)

- Abstract of the Disclosure

3. ☒ Drawing(s) (35 U.S.C. 113)

Total Sheets

21

4. ☒ Oath or Declaration

Total Pages

8

☐ Newly executed (original or copy)☒ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 17 completed)i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 C.F.R. §§  
1.63(d)(2) and 1.33 (b)

Incorporation By Reference (useable if Box 4b is checked)

5. ☒ The entire disclosure of the prior application, from which a copy of the oath or  
declaration is supplied under Box 4b, is considered to be a part of the  
disclosure of the accompanying application and is hereby incorporated by  
reference therein.6. ☐ Microfiche Computer Program (Appendix)7. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)a. ☐ Computer Readable Copyb. ☒ Paper Copy (identical to computer copy)c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))9. ☐ 37 C.F.R. §3.73(b) Statement  
(when there is an assignee)☐

Power of Attorney

10. ☐ English Translation Document (if applicable)11. ☐ Information Disclosure Statement  
(IDS)/PTO-1449☐

Copies of IDS Citations

12. ☒ Preliminary Amendment13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)14. ☐ \*Small Entity Statement(s)  
(PTO/SB/09-12)☒Statement filed in prior  
application, Status is proper and  
desired15. ☐ Certified Copy of Priority Document(s)16. ☒ Other: Check For Filing Fee**\* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY  
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF  
ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)**

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation☒ Divisional☐ Continuation-in-part (CIP)

of prior application No: 09/302,812

Prior application information:

Examiner: K. Lacourciere

Group / Art Unit:

1635

## 18. CORRESPONDENCE ADDRESS

☐ Customer Number or bar code label

(Insert Customer No. or Attach bar code label here)

or

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Correspondence address below

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10/08/01

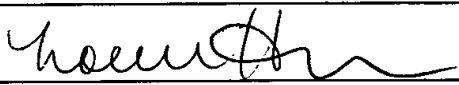
<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	Herewith
	First Named Inventor	JACOBSON et al.
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	NIAD-201.3 DIV

**FEE CALCULATION**

(1)	(2)	(3)	(4)	(5)
FOR: <b>Small entity</b>	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE <b>\$ 370.00</b>
TOTAL CLAIMS	30- 20 =	10	x 9.00	\$ 90.00
INDEPENDENT CLAIMS	10- 3 =	7	x 42.00	\$ 294.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$260/130.00	_____
			<b>TOTAL FEES</b>	<b>\$754.00</b>

**METHOD OF PAYMENT**

- ☒ Please charge Deposit Account No. 50-0624 in the amount of \$ \_\_\_\_\_
- ☒ A check for \$754.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		Date: 10/08/07
		<b>Deposit Account No. 50-0624</b>

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